

**PATENT** 

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joanne

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Ted Eugene Wright

Application No.:

09/499,069

Filed:

February 4, 2000

Title:

SINGLE-SHEET REGISTRATION FORM AND KEY PACKET

Examiner:

Monica Smith Carter

Art Unit:

3722

Docket No.: 35008.001

Date:

May 27, 2003

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

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SUPPLEMENTAL RESPONSE

TECHNOLOGY CENTER R3700

## **INTRODUCTORY COMMENTS**

Sir:

In response to the Office Action dated February 21, 2003, and the Amendment and 1month Extension of Time filed May 23, 2003, Applicant's representative would like the Examiner to consider and make part of the record the following remarks:



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OLYMPIC PATENT WORKS PLLC 101 YESLER WAY, SUITE 505 SEATTLE, WA 98104

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JUN 0 4 2003

TECHNOLOGY CENTER R3700

Docket No.:

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Date:

May 27, 2003

In re application of

**Ted Eugene Wright** 

Application No.:

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For:

SINGLE-SHEET REGISTRATION FORM AND KEY PACKET

Mail Stop Amendment Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a response in the above-identified application.

[X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

[ ] A Petition for an Extension of Time for one month is enclosed.

[ ] No additional claim fee is required.

The fee has been calculated as shown.

			1 The fee has been calculated as shown.						
	(Col. 1)		(Col. 2)	(Col. 3)					
	CLAIMS								
	REMAINING		HIGHEST	PRESENT					
	AFTER		PREV. PAID	EXTRA					
	AMENDMENT		FOR						
	*		**						
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TOTAL	18	MINUS	20						
TOTAL	18 *	MINUS	***						
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- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

		Please charge my	Deposit Account No	in the amount of \$	. A duplicate cor	by of this sheet is enclose
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[ ] A check in the amount of \$\_ is attached.

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 2. A duplicate copy of this sheet is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted, **Ted Eugene Wright** 

OLYMPIC PATENT WORKS PLLC

Robert W. Bergstrom

Registration No. 39,906